

## Michigan Department of Community Health

**Board of Pharmacy**

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

DCH/LPH-070 (04/05)

**DRUG CONTROL LICENSE APPLICATION**

Authority: Public Act 368 of 1978, as amended  
 If this form is not completed, a license will not be issued.

A drug control license must be obtained by all licensed medical doctors, doctors of osteopathic medicine, podiatric medicine and dentists WHO ROUTINELY DISPENSE DRUGS from their principal place of practice. A drug control license is not necessary if the dispensing involves only the issuance of complimentary starter dose drugs. A separate drug control license is required for each business location from which you routinely dispense drugs. YOUR DRUG CONTROL LICENSE WILL EXPIRE ON THE SAME DATE AS YOUR PROFESSIONAL LICENSE.

**Type or Print Only****INSTRUCTIONS**

- 1. ADDRESS CHANGES:** If your name and/or address changes please notify the Board in writing. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
- 2. Your Drug Control license will expire with your current professional license. If your professional license expires in:**  

0-12 months the fee is \$45.00	13-24 months the fee is \$65.00	25-36 months the fee is \$85.00
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- 3. Allow up to six weeks for your paper license to arrive.**

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**TYPE OF PROFESSIONAL LICENSE**

(Please Check One):

- ☐ 43 - 01 M.D. 71-4301-38
- ☐ 51 - 01 D.O. 71-5101-38
- ☐ 29 - 01 D.D.S. 71-2901-38
- ☐ 59 - 01 D.P.M. 71-5901-38

**STATUS:**

- 1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**  
☐ Yes ☐ No  
 If Yes, please explain on separate sheet.
- 2. Is your current professional license limited as a result of Board disciplinary action?**  
☐ Yes ☐ No

Michigan Permanent I.D. Number

Expiration Date of License

Social Security Number

First Name

Middle Name

Last Name

I hereby make application for a drug control license in Michigan and submit that the statements and information above are true.

Signature

Date

Please indicate below an address and telephone number where you can be reached concerning this application

Street

Telephone Number

City

State

ZIP Code

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.